



Hospital Fiscal Report
 State Form 49520 (R3/7-23)
 Indiana Department of Health
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: PARKVIEW NOBLE HOSPITAL

City of Hospital: Kendallville

Year Begin: 01/01/2022 (mm/dd/yyyy format)

Year End: 12/31/2022 (mm/dd/yyyy format)

Person Completing the Report: Patrick Dahm

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Medicare Provider Number: 15-0146

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	\$49148275	Contractual Allowance	\$-184073852
Outpatient Patient Service Revenue	\$200953761	Other Deductions	\$0
Total Gross Patient Service Revenue	\$250102036	Total Deductions	\$-184073852

3. Total Operating Revenue	
Net Patient Service Revenue	\$71437552
Other Operating Revenue	\$1577763
Total Operating Revenue	\$73015315

4. Net Patient Revenue and Total Number of Paid Claims for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$10025269	\$1171
Medicaid	\$2823932	\$649
Commercial Insurance	\$6315962	\$553
Self-pay	\$25633	\$101
Any Other Category of Payer	\$521389	\$76
Total	\$0	\$0

5. Net Patient Revenue and Total Number of Paid Claims for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$15367846	\$67852
Medicaid	\$8133899	\$38991
Commercial Insurance	\$30033538	\$72485
Self-pay	\$534877	\$11143
Any Other Category of Payer	\$1742218	\$3126
Total	\$0	\$0

6. **Total** Net Patient Revenue and Total Number of Paid Claims (combining items #4 & #5)

	Total Net Patient Revenue	Total Number of Paid Claims
Medicare	\$25393115	\$69023
Medicaid	\$10957831	\$39640

Commercial Insurance	\$36349500	\$73038
Self-pay	\$560510	\$11244
Any Other Category of Payer	\$2263608	\$3202
Total	\$0	\$0

7. Net Patient Revenue and Total Number of Paid Claims from Facility Fees for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$10008403	\$1013
Medicaid	\$2792232	\$443
Commercial Insurance	\$6292598	\$414
Self-pay	\$23726	\$66
Any Other Category of Payer	\$520889	\$72
Total	\$0	\$0

8. Net Patient Revenue and Total Number of Paid Claims from Facility Fees for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$12275609	\$41237
Medicaid	\$6064061	\$18088
Commercial Insurance	\$25137650	\$29513
Self-pay	\$289271	\$2920
Any Other Category of Payer	\$1600609	\$1954
Total	\$0	\$0

9. **Total** Net Patient Revenue and Total Number of Paid Claims from Facility Fees (combining items #7 & #8)

	Total Net Patient Revenue	Total Number of Paid Claims
Medicare	\$22284011	\$42250
Medicaid	\$8856293	\$18531
Commercial Insurance	\$31430248	\$29927
Self-pay	\$312996	\$2986
Any Other Category of Payer	\$2121498	\$2026
Total	\$0	\$0

10. Net Patient Revenue and Total Number of Paid Claims from Professional Fees for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$16866	\$158
Medicaid	\$31700	\$206
Commercial Insurance	\$23364	\$139
Self-pay	\$1907	\$35
Any Other Category of Payer	\$500	\$4
Total	\$0	\$0

11. Net Patient Revenue and Total Number of Paid Claims from Professional Fees for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$3092838	\$26615
Medicaid	\$2069838	\$20903
Commercial Insurance	\$4895888	\$42972
Self-pay	\$245606	\$8223
Any Other Category of Payer	\$141609	\$1172
Total	\$0	\$0

12. **Total** Net Patient Revenue and Total Number of Paid Claims from Professional Fees (combining items #10 & #11)

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$3109103	\$26773

Medicaid	\$2101538	\$21109
Commercial Insurance	\$4919252	\$43111
Self-pay	\$247513	\$8258
Any Other Category of Payer	\$142109	\$1176
Total	\$0	\$0

13. Operating Expenses

Salaries and Wages	\$20236940	Employee Benefits	\$6211107
Depreciation and Amortization	\$1433924	Interest Expense	\$7199
Bad Debt	\$5409368	Other Expenses	\$36113480
Total Operating Expenses	\$69412018		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$3603295	Total Assets	\$52798533
Net Non-operating Gains over Loss	\$-8340	Total Liabilities	\$5541940
Total Net Gains	\$3594955		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$120698450	\$97542000	\$23156450
Medicaid	\$54498827	\$43928268	\$10570559
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$74904759	\$42603584	\$32301175
Total	\$250102036	\$184073852	\$66028184

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$27344	\$-27344

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$16107	\$-16107
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$21366	\$-21366

Number of Medical Professionals Trained	12
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	210

Statement Six: Charity Statement

Hospital Charity Charges	\$4873427
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$952043	
HCI Payments	\$0		
Subtotal	\$0	\$952043	\$-952043
Medicaid Shortfalls	\$10570559	\$13481081	
Subtotal	\$10570559	\$13481081	\$-2910522
DSH Payments	\$0		
Subtotal	\$10570559	\$13481081	\$-2910522
Medicare Shortfalls	\$23156449	\$23578925	
Other Government Programs	\$0	\$0	
Total	\$33727008	\$37060006	\$-3332998

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$71576	\$-71576
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$6338521	\$11574922	\$-5236401

Comments

Statement One 4-12 does not include prior year contractual adjustment and does include Hospital Assessment Fee in deductions.

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